FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



-/O/-

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Serial					
CEIVED					
1					

UNITORM LIMITED OFFERING EA	CENTETION
Name of Offering (check if this is an amendment and name has changed, and indicate chang convertible into Series A Preferred Stock, and underlying shares of Common Stock, for aggregation	
Filing Under (Check box(es) that apply):	on 4(6) ULOE
A. BASIC IDENTIFICATION DATA	JUN 1 3 2005
1. Enter the information requested about the issuer	Autoria in
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCLL
Express Cycle Service Inc.	
Address of Executive Offices (Number and Street, City, State, Zip C	Code) Telephone Number (Including Area Code)
236 Godfrey Road, Palm Bay, FL 32909	321-952-7741
Address of Principal Business Operations (Number and Street, City, State, Zip (if different from Executive Offices)	Code) Telephone Number (Including Area Code)
Brief Description of Business Provides express oil and lube services for motorcycles.	All Sands
Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed	other (please specify):
Actual or Estimated Date of Incorporation or Organization: 10 02 Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	Estimated or State: FL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regula 77d(6).	tion D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the o and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address which it is due, on the date it was mailed by United States registered or certified mail to that address	given below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.	.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be n photocopies of the manually signed copy or bear typed or printed signatures.	nanually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need on thereto, the information requested in Part C, and any material changes from the information previousl not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOR ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with are to be, or have been made. If a state requires the payment of a fee as a precondition to the claccompany this form. This notice shall be filed in the appropriate states in accordance with state this notice and must be completed.	th the Securities Administrator in each state where sales aim for the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the fede appropriate federal notice will not result in a loss of an available state exemptio filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC II	DENTIFICATION DATA	A	
2. Enter the information re	equested for the fo	llowing:			
• Each promoter of	the issuer, if the is	suer has been organized	within the past five years	;	
 Each beneficial ow 	ner having the pow	ver to vote or dispose, or o	direct the vote or disposition	on of, 10% or more o	f a class of equity securities of the issuer
 Each executive off 	ficer and director o	f corporate issuers and o	of corporate general and n	nanaging partners of	partnership issuers; and
 Each general and t 	managing partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Director	General and/or Managing Partner
Full Name (Last name first, Austin, Margot L.	if individual)				
Business or Residence Addre c/o Express Cycle Service I	•	Street, City, State, Zip C Road, Palm Bay, FL 32			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Office	r 🗹 Director	General and/or Managing Partner
Full Name (Last name first, Sprankle, Scott	if individual)				
Business or Residence Addre c/o Express Cycle Service I	,		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)			-	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	r Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

					В. І	NFORMAT	ION ABOU	T OFFERI	NG				
												Yes	No
1.	Has the	issuer sol	d, or does t							_		V	
2	Whatia	4h	:			n Appendix		•				s N/A	
2.	whatis	the minin	num investn	nent that w	viii be acce	epted from	any maivid	iuai?	•••••		••••••	Yes	No
3.	Does th	e offering	permit join	t ownershi	ip of a sing	gle unit?					•••••		
4.	commis If a pers or state	sion or sin son to be lis s, list the n	nilar remune sted is an ass	eration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registered ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	irectly, any he offering, with a state sons of such		
Ful N/	l Name (first, if ind										
		Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Naı	me of As	sociated B	roker or De	aler									
Sta	tes in Wl	nich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)						•••••		1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV		HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)							· · · · · · · · · · · · · · · · · · ·	-	1911
Bus	siness or	Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler									
Sta	tes in Wl	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)		•••••					☐ Ali	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	OK	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
— Nar	ne of As	sociated B	roker or De	aler					,				
Stat	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check						•••••	•••••	•••••	☐ All	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Type of Security	Aggregate Offering Price	Amount Already Sold
		§ -0-	\$ -O-
	Equity	***************************************	\$ 116,500*
	Equity Common ☐ Preferred	\$ 150,000	\$ 110,500
		¢ *	\$ *
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		\$ -0-
	Total	\$ <u>150,000*</u>	<u>\$ 116,500*</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		**
	Non-accredited Investors	28	\$ <u>111,500*</u>
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees		\$ <u>10,000</u>
	Accounting Fees	Г] \$
	Engineering Fees] \$
	Diginothig 1 000 illinoisium i		
		_	\$
	Sales Commissions (specify finders' fees separately) Other Expenses (identify)		

^{*}Offering included the issuance of \$13,000 in Convertible Notes, which have converted to Series A Preferred Stock upon certain conditions of the offering being met.

	and total expenses furnished in response to	egate offering price given in response to Part C Part C — Question 4.a. This difference is the "	adjusted gross	140,000 \$
i.	Indicate below the amount of the adjusted each of the purposes shown. If the amo	d gross proceed to the issuer used or proposed unt for any purpose is not known, furnish an the total of the payments listed must equal the	to be used for sestimate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		\$	🗆 \$
	Purchase of real estate		\$	[]\$
	Purchase, rental or leasing and installati and equipment	on of machinery	\$	[\$
	Construction or leasing of plant building	gs and facilities	\$	\$
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	\$	□\$
	•		_	_
			-	
			-	
				\$
	Column Totals		\$	\$ 140,000
	Total Payments Listed (column totals ac	\$	140,000	
		D. FEDERAL SIGNATURE		
ig	nature constitutes an undertaking by the is	ned by the undersigned duly authorized person suer to furnish to the U.S. Securities and Excly y non-accredited investor pursuant to paragr	hange Commission, upon wri aph (b)(2) of Rule 502.	
	uer (Print or Type)	Signature	Date	
Ξx	press Cycle Service Inc.	BATT	June 8, 2005	
۱a	me of Signer (Print or Type)	Title of Signer (Print or Type)	*	
Sc	ott Sprankle	Vice President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)